

**PALM BEACH DIOCESAN
COUNCIL OF CATHOLIC WOMEN
High School Scholarship Award 2017
APPLICATION FORM**

DATE OF APPLICATION _____

APPLICANT'S NAME

First

Middle

Last

ADDRESS

Street

City

Zip Code

EMAIL ADDRESS _____

TELEPHONE _____ PARISH _____

SCHOOL NOW ATTENDING _____

High School accepted to and will attend in the Fall of
2017 _____

CRITERIA CHECKLIST

- Applicant/family must be a registered and active member(s) of a Catholic Parish in the Diocese of Palm Beach
- Applicant must include acceptance letter/confirmation from CATHOLIC High School she will be attending in the fall of 2017
- A copy of registration of enrollment will be required when available.
- Applicant must document how she exemplifies leadership qualities in school, parish activities and community service. (see pg 2- Applicant Profile)
- Applicant must include an essay (approx. 200 words) outlining her values and goals as a Catholic student and how they have influenced her to continue in a Catholic High School
- Applicant must include three independent recommendations, using the form entitled RECOMMENDATIONS on pg 4 of the application. The three independent recommendations shall consist of one from each of the following three categories:
 1. *School Principal, Guidance Counselor, or Teacher*
 2. *Parish Priest or Religious Education Director*
 3. *Personal Friend or Community Leader*

A letter may accompany the independent recommendation, but completion of the form RECOMMENDATIONS is required. No more than 3 will be considered.

**Palm Beach Diocesan Council of Catholic Women
High School Scholarship Award
2017**

APPLICANT PROFILE (Please Print.)

Applicant's Name _____ Date of Birth _____

First Middle Last

Parent's/Guardian Name _____

Address _____

City Zip Code

Telephone _____

Elementary/Jr. High schools attended _____

List complete details of following information, e.g.; amount of time spent description of involvement, responsibilities.

If you require additional space, please use reverse side of this paper.

Hobbies:(Sports, Music, Art, Drama) _____

Community Service: (Hospital Volunteer, Red Cross, Soup Kitchen) _____

Parish Involvement (youth groups, ministries, volunteer)

School Activities and Awards (student government, clubs, and class officer).

Is there a particular course of study in which you are interested?

How did you find out about this scholarship? - Through your Parish, School Guidance Office or a member of the Council of Council of Catholic Women.

Palm Beach Diocesan Council of Catholic Women

High School Scholarship Award

2017

RECOMMENDATIONS

Recommendation for:

Applicant's Name _____

Parish/School _____

This Applicant has applied for the Palm Beach Diocesan Council of Catholic Women Scholarship Award. Your evaluation and comments will help facilitate the selection process.

Please evaluate the applicant as follows, using a point scale of 1-10, with 10 being the highest score.

MATURITY _____

INTEGRITY _____

ATTITUDE _____

LEADERSHIP _____

**ACADEMIC
MOTIVATION** _____

**OVERALL
ASSESSMENT** _____

Summary comments describing this applicant.

Please state how long you have known this applicant and why she is worthy of this scholarship.

Please print your name _____ **Relationship to applicant** _____

Signature _____ **Telephone number** _____

RETURN RECOMMENDATIONS BY APRIL 1, 2017 TO:

**Marie Lawrence
PBDCCW HS Scholarship Co-Chair
1801 SE Burgundy Lane
Port St. Lucie, Florida 34952**

**Palm Beach Diocesan Council of Catholic Women
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2017**

CERTIFICATION AND SIGNATURE

All of the information on this application is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this application. Falsification of information may result in termination of any scholarship granted. Applicant agrees to an interview by the Scholarship committee if necessary.

APPLICANT'S SIGNATURE

_____ **DATE** _____

**PARENT'S/GUARDIAN
SIGNATURE**

_____ **DATE** _____

Relate any additional information or special circumstances you feel the Selection Committee should consider in the selection process. PLEASE PRINT

Signature

PLEASE PRINT

**Palm Beach Diocesan Council of Catholic Women
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CERTIFICATE OF ELIGIBILITY

This is to certify that

and/or her family is/are a registered and active member(s) of this parish.

Reverend

Pastor

Church of

Phone _____

Date _____

**APPLICATIONS
MUST BE RECEIVED
BY APRIL 1, 2017**

**RETURN APPLICATIONS TO:
MARIE LAWRENCE
PBDCCW HS Scholarship, Chair
1801 SE Burgundy Lane
Port St. Lucie, FL 34952**